Financial Report

06.30.2004

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County Board of Supervisors, Hospital Board of Trustees and Hospital Officials
June 30, 2004

Name	Title	Term Expires					
County Board of Supervisors:							
Gary See	Chairperson	December 2004					
Mark Lindeen	Member	December 2006					
Stan Young	Member	December 2004					
Hospital Board of Trustees:							
Waunita Hobbie	Chairperson	December 2008					
Marvin Day	Chairperson-Elect	December 2006					
David Roth	Secretary/Treasurer	December 2006					
Jan Towne	Member	December 2004					
Richard Garrels	Member	December 2008					
Kent Severson	Member	December 2004					
Dennis Hainley	Member	December 2004					
Hospital Officials:							
Robert Miller	President/Chief Executive Officer						
David Muhs	Chief Financial Officer						
Ann Corrigan, R.N.	VP of Patient Care Services						

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

To the Board of Trustees Henry County Health Center d/b/a Henry County Health Center Mt. Pleasant, Iowa

We have audited the accompanying basic financial statements of Henry County Soldiers' and Sailors' Memorial Hospital, d/b/a Henry County Health Center (Hospital), as of June 30, 2004 and 2003, as listed in the table of contents. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Chapter 11 of the Code of lowa and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the basic financial statements referred to above present fairly, in all material respects, the financial position of Henry County Health Center as of June 30, 2004 and 2003, and the changes in its financial position and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated July 26, 2004 on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audits.

The management's discussion and analysis on pages 4 through 10 and budgetary comparison schedule on page 30 are not a required part of the basic financial statements, but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information on pages 31 through 42 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information, except for the portion on pages 33 and 34 which is marked "unaudited", on which we express no opinion, has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly presented in all material respects in relation to the basic financial statements taken as a whole.

McGladrey of Pullen, LCP

Burlington, Iowa July 26, 2004

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

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McGladrey of Pullen, LLP

Burlington, Iowa July 26, 2004

Management's Discussion and Analysis Year Ended June 30, 2004

Management's discussion and analysis of Henry County Health Center's (Hospital) financial performance provides an overall review of the Hospital's activities for the fiscal years ended June 30, 2004 and 2003. The intent of this discussion is to provide an overview of the Hospital's performance for the year and should be read in conjunction with the Hospital's financial statements and notes thereto.

Henry County Health Center operated a 50-bed general acute care hospital located in Mount Pleasant, lowa through April 30, 2004 and on May 1, 2004 was designated as a Critical Access Hospital, operating with 25 acute-care beds and 49 long-term care beds. Henry County Health Center primarily serves the citizens of Henry County.

Financial Highlights

The assets of the Hospital exceeded its liabilities by \$19,826,956 and \$20,539,206 as of June 30, 2004 and 2003, respectively.

The Hospital's total assets decreased by \$1,292,730 or 3% from June 30, 2003 and increased by \$120,090 or .3% from June 30, 2002.

The Hospital's total liabilities decreased by \$580,480 or 3% from June 30, 2003 and increased by \$298,942 or 1.5% from June 30, 2002.

Overview of Financial Statements

The audited financial statements include the following financial statements: a Statement of Net Assets, a Statement of Revenue, Expenses, and Changes in Net Assets, and a Statement of Cash Flows plus the Notes to Financial Statements.

Our financial position is measured in terms of resources (assets) we own and obligations (liabilities) we owe at a given date. This information is reported in the Statement of Net Assets, which reflects the Hospital's assets in relation to its debts to bondholders, suppliers, employees, and other creditors. The excess of our assets over our liabilities is reported as Net Assets.

Information regarding the results from operations during the year is reported in the Statement of Revenue, Expenses, and Changes in Net Assets. This statement shows how much our net assets increased or decreased during the year as a result of our operations, nonoperating activities, and other changes.

The Statement of Cash Flows discloses the flow of cash resources into and out of the Hospital during the year. It identifies all cash received during the year from operating activities, contributions and other sources, and how we applied those funds (for example, payment of expenses, repayment of debt, purchases of new property and equipment and additions and deletions to the investment accounts).

The Notes to Financial Statements provide additional information that is essential to a full understanding of the data provided in the financial statements.

Management's Discussion and Analysis Year Ended June 30, 2004

Condensed Statements of Revenue, Expenses, and Changes in Net Assets

A summary version of the Statements of Revenue, Expenses, and Changes in Net Assets for the years ended June 30, 2004, 2003, and 2002 follows:

	Year Ended June 30,					
		2004		2003		2002
Net patient revenue Other operating revenue	\$	19,578,000 1,481,000	\$	19,134,000 1,608,000	\$	17,032,000 1,391,000
Total operating revenue		21,059,000		20,742,000		18,423,000
Nonoperating revenue		412,000		571,000		591,000
Total revenue		21,471,000		21,313,000		19,014,000
Expenses:						
Salaries and wages		8,975,000		8,560,000		8,058,000
Purchased services and other		9,819,000		9,039,000		8,100,000
Depreciation		2,241,000		2,174,000		2,100,000
Interest and amortization		1,081,000		1,121,000		1,220,000
Total operating expenses		22,116,000		20,894,000		19,478,000
Restricted assets transferred to HCHC Foundation		67,000		-		
Total expenses		22,183,000		20,894,000		19,478,000
Change in net assets		(712,000)		419,000		(464,000)
Net assets:						
Beginning		20,539,000		20,120,000		20,584,000
Ending	\$	19,827,000	\$	20,539,000	\$	20,120,000

Management's Discussion and Analysis Year Ended June 30, 2004

Operations

<u>Year Ended June 30, 2004</u>: Net patient revenue was up \$444,000 to \$19,578,000 in 2004 from \$19,134,000 in 2003, a 2% increase. This increase was due to an increase in outpatient volume from 102,263 visits in 2003 to 109,010 in 2004. Medicare revenue decreased from 48.8% of total patient revenue in 2003 to 48.4% of total patient revenue in 2004. This was offset by an increase in provision for doubtful accounts from \$611,000 in 2003 to \$1,025,000 in 2004.

Operating expenses for 2004 were up \$1,222,000 or 6% over 2003. Salaries and wages were up \$415,000 or 5% due to general wage increases and overtime demands. Professional fees were up \$227,000 or 15% from 2003 due mainly to increasing the emergency department coverage contract to 24 hours per day, 7 days per week.

The net result is that the loss from operations increased from \$152,000 in 2003 to \$1,058,000 in 2004.

Nonoperating income, which consists mostly of investment earnings, rental income, and contributions, was down \$159,000 or 28% from 2003. The decrease in the nonoperating income was a direct result of less than desired returns on investments.

Year Ended June 30, 2003: Net patient revenue was up \$2,102,000 to \$19,134,000 in 2003 from \$17,032,000 in 2002, a 12% increase. This increase was due to an increase in admissions of 78 or 5.5%, which resulted in an increase of inpatient days of 375 from 5,040 or 6.7%. Outpatient volume also increased from 100,008 visits to 102,263. Adjusted admissions were up 352 or 9.2% from 3,796. Medicare patient days stayed the same from 2002 to 2003 and as a percent of total revenue went from 48.6% of total patient revenue in 2002 to 48.8% of total patient revenue in 2003.

Operating expenses for 2003 were up \$1,416,000 or 7% over 2002. Salaries and wages were up \$502,000 or 6% due to general wage increase and overtime demands. Purchased services and other expense were up \$939,000 or 12% from 2002 mainly attributable to an increase in pharmacy costs.

The net result is that the loss from operations decreased from \$1,055,000 in 2002 to \$152,000 or 86% in 2003.

Nonoperating income, which consists mostly of investment earnings, rental income, and contributions, was down \$20,000 or 3% from 2002. The decrease in the nonoperating income was a direct result of less than desired returns on investments.

Management's Discussion and Analysis Year Ended June 30, 2004

Condensed Statements of Net Assets

Condensed versions of the Statements of Net Assets as of June 30, 2004, 2003, and 2002 follows:

	June 30,					
		2004		2003		2002
Assets:						
Current assets	\$	7,185,000	\$	7,666,000	\$	8,291,000
Assets limited as to use, noncurrent		8,591,000		7,317,000		5,171,000
Capital assets		19,364,000		21,237,000		22,944,000
Other assets		3,231,000		3,444,000		3,138,000
Total assets	\$	38,371,000	\$	39,664,000	\$	39,544,000
Liabilities:						
Current liabilities	\$	3,689,000	\$	3,615,000	\$	3,464,000
Long-term debt		14,855,000		15,510,000		15,960,000
Total liabilities	\$	18,544,000	\$	19,125,000	\$	19,424,000
Net Assets:						
Invested in capital assets, net of related debt	\$	3,854,000	\$	5,042,000	\$	6,349,000
Restricted:						
Endowment		6,000		73,000		72,000
Under loan agreement		2,652,000		2,282,000		1,946,000
Unrestricted		13,315,000		13,142,000		11,753,000
Total net assets	\$	19,827,000	\$	20,539,000	\$	20,120,000

The Hospital's financial position remains strong, with current assets in excess of current liabilities by \$3,496,000 in 2004 and by \$4,051,000 in 2003. Also, significant investment reserves are available to service debt requirements as well as provide for future equipment and capital needs.

For 2004, long-term debt consists of revenue bonds issued in 1990, 2000 and 2002. The Hospital continues to make all annual and semi-annual debt service payments in compliance with these bond indentures. There are no current plans to issue additional debt or defease any existing debt. Please see the Notes to Financial Statements for additional information.

Management's Discussion and Analysis Year Ended June 30, 2004

Condensed Statements of Cash Flows

Cash flows from operating activities remains strong in 2004 and all years presented, even with the losses from operations. The Hospital has no plans to issue additional bonds nor acquire any significant capital assets outside the normal course of business.

	Year Ended June 30,					
		2004		2003		2002
Cash provided by operating activities Cash (used in) capital and related	\$	2,239,000	\$	3,103,000	\$	1,424,000
financing activities		(2,355,000)		(2,711,000)		(3,623,000)
Cash provided by non-capital financing						
activities		491,000		457,000		453,000
Cash provided by (used in) investing activities		(533,000)		(2,007,000)		2,353,000
Net increase (decrease) in cash		(158,000)		(1,158,000)		607,000
Cash and cash equivalents:						
Beginning		1,456,000		2,614,000		2,007,000
Ending	\$	1,298,000	\$	1,456,000	\$	2,614,000

Budgetary Highlights

The budget was amended in April of 2004 from budgeted expenditures of \$20,535,254 to \$25,119,399 to move from a cash basis to an accrual basis. Expenditures were under budget by \$2,937,000 for the year ended June 30, 2004.

The budget was amended in April of 2003 from budgeted expenditures of \$20,134,768 to \$26,314,768 due to refinancing the 1993 Series bonds, which created an expenditure on the cash basis to pay off the bonds.

Cash revenue/receipts did not meet the amended budget projection by \$987,611 during the year ended June 30, 2004. This was mostly attributable to reclassification of bad debt expenses as a reduction of net patient revenue. Expenditures were under budget by \$2,936,844.

Cash revenue/receipts exceeded the amended budget projection by \$6,518,517 during the year ended June 30, 2003. This was mostly attributable to the proceeds received for the refinancing of the Series 1993 bonds of \$6,055,000, which were not included in the budget. Expenditures were over budget by \$841,691. This was mostly attributable to several capital expenditures that were not included in the budget.

Management's Discussion and Analysis Year Ended June 30, 2004

Capital Assets

At June 30, 2004, the Hospital had \$19,364,000 invested in capital assets. This represents a 9% decrease in comparison to June 30, 2004. This is principally due to the fact that capital expenditures were \$705,000 compared to annual depreciation in 2004 totaling \$2,509,000.

At June 30, 2003 the Hospital had \$21,237,000 invested in capital assets. This represents an 8% decrease in comparison to June 30, 2002. This is principally due to the fact that capital expenditures were \$808,000 compared to annual depreciation in 2003 totaling \$2,445,000.

	June 30,					
		2004		2003		2002
Capital assets not being depreciated:						
Land	\$	788,000	\$	788,000	\$	799,000
Construction in progress		-		-		32,000
Capital assets net of depreciation:						
Land improvements		307,000		386,000		463,000
Buildings		13,480,000		14,389,000		15,320,000
Fixed equipment		2,241,000		2,514,000		2,767,000
Major movable equipment		2,548,000		3,160,000		3,563,000
Total capital assets, net	\$	19,364,000	\$	21,237,000	\$	22,944,000

Long-Term Debt

Long-term debt consists of three revenue bond issues, described in more detail in the Notes to Financial Statements. At June 30, 2004 the Hospital had \$15,510,000 in bonds outstanding, versus \$16,195,000 at June 30, 2003 and \$16,595,000 at June 30, 2002. The decrease is attributable to the bond principal payments made in 2004 and 2003. During 2003 the Hospital issued new bonds totaling \$6,055,000 to refund 1993 bonds of \$5,850,000 and lower future interest costs.

Economic Factors

Fiscal 2004 and 2003 provided Henry County Health Center substantial challenges due to reductions in federal reimbursement and decreased returns on investments.

Inflation continued in 2004 and 2003 with supply and equipment costs increasing at market rates and the pressure on nursing and other salary costs being driven by the shortage of supply of these health care professionals.

On May 1, 2004 the Hospital was designated a Critical Access Hospital operating with 25 beds. This critical access status should reflect a significant increase in net patient revenue in future years.

Management's Discussion and Analysis Year Ended June 30, 2004

Financial Information Contact

The Hospital's financial statements are designed to provide a general overview of the Hospital's finances for all those with an interest in the Hospital's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to Henry County Health Center.

Statements of Net Assets June 30, 2004 and 2003

Assets	2004	2003
Current Assets:		
Cash and cash equivalents (Note 3)	\$ 1,016,936	\$ 985,353
Assets whose use is limited or restricted (Note 3)	734,827	768,914
Patient receivables, net (Note 4)	3,569,625	3,936,395
Other receivables (Note 5)	335,899	559,055
Current portion of long-term receivable (Note 6)	90,647	12,547
Inventories	576,108	348,787
Prepaid expenses	436,790	565,851
Restricted assets:		
Property tax receivable	417,420	415,581
Other receivables	6,265	6,785
Certificate of deposit	-	66,624
Total current assets	7,184,517	7,665,892
Noncurrent Assets: Investments (Note 3) Other long-term assets (Notes 5 and 6)	1,199,051 1,461,169	1,443,064 1,349,451
Assets whose use is limited or restricted (Note 3)	8,591,256	7,316,802
Capital assets, net (Notes 7 and 8)	19,363,896	21,236,636
Deferred financing costs	 571,265	652,039
Total noncurrent assets	 31,186,637	31,997,992
	\$ 38,371,154	\$ 39,663,884

See Notes to Basic Financial Statements.

Liabilities and Net Assets	2004	2003
Current Liabilities:		
Current maturities of long-term debt (Note 8)	\$ 655,000	\$ 685,000
Accounts payable (Note 5)	515,725	665,610
Accrued expenses	1,564,642	1,388,487
Contractual payables, Medicare, Medicaid and		
Blue Cross	536,411	460,000
Restricted liability, deferred revenue	 417,420	415,581
Total current liabilities	3,689,198	3,614,678
Long-Term Debt, net of current maturities (Note 8)	14,855,000	15,510,000
Total liabilities	 18,544,198	19,124,678
Commitments and Contingencies (Notes 10 and 14)		
Net Assets:		
Invested in capital assets, net of related debt Restricted:	3,853,896	5,041,636
Taxes receivable	6,265	6,785
Endowment	-	66,624
Under bond agreements	2,651,875	2,281,764
Unrestricted	13,314,920	13,142,397
	 19,826,956	20,539,206
	\$ 38,371,154	\$ 39,663,884

Statements of Revenue, Expenses, and Changes in Net Assets Years Ended June 30, 2004 and 2003

	2004	2003
Operating revenue:		
Net patient service revenue (Notes 2 and 8)	\$ 19,577,079	\$ 19,133,730
Other operating revenue, other than tax revenue (Note 5)	 1,050,629	1,177,707
Total operating revenue other than tax aid	20,627,708	20,311,437
Operating expenses:		
Nursing services	5,923,010	5,321,420
Other professional services	7,253,053	7,109,792
General services and administration	5,617,038	5,167,431
Interest and amortization	1,081,405	1,121,062
Depreciation	2,241,425	2,174,242
Total operating expenses	22,115,931	20,893,947
Operating (loss) before county tax revenue	(1,488,223)	(582,510)
County tax revenue	430,542	430,241
Operating (loss)	 (1,057,681)	(152,269)
Nonoperating revenue:		
Investment earnings from funds whose use is limited or restricted	301,114	288,918
Net (decrease) increase in fair value of investments	(294,486)	67,279
Gain from equity investments	141,551	15,052
Other investment earnings	104,052	94,425
Unrestricted gifts	60,082	26,974
Rental activities, net	99,742	78,653
	412,055	571,301
Restricted assets transferred to HCHC Foundation	 (66,624)	-
Change in net assets	(712,250)	419,032
Net assets:		
Beginning	20,539,206	20,120,174
Ending	\$ 19,826,956	\$ 20,539,206

See Notes to Basic Financial Statements.

Statements of Cash Flows Years Ended June 30, 2004 and 2003

		2004	2003
Cash Flows from Operating Activities:			
Cash received from patients and third-party payors	\$	21,279,272	\$ 19,765,499
Cash payments for supplies and other expenses		(11,226,015)	(9,446,737)
Cash payments for salaries and wages		(8,864,996)	(8,393,653)
Other receipts		1,050,629	1,177,707
Net cash provided by operating activities		2,238,890	3,102,816
Cash Flows from Capital and Related Financing Activities:			
Payment of bond issuance cost and deferred amount on refunding		_	(267,470)
Proceeds from issuance of debt		_	6,055,000
Principal payments on long-term borrowing		(685,000)	(6,455,000)
Payments of interest		(1,004,718)	(1,083,549)
Acquisition and construction of capital assets		(671,635)	(983,278)
Proceeds from sale of capital assets		6,578	23,672
Net cash (used in) capital and related		0,570	20,012
financing activities		(2,354,775)	(2,710,625)
•			, , ,
Cash Flows from Non-Capital Financing Activities:		424 062	420 244
Cash received from county tax revenue		431,062	430,241
Unrestricted gifts		60,082	26,974
Net cash provided by non-capital financing activities		491,144	457,215
Cash Flows from Investing Activities:			
Long-term loans		(77,264)	-
Collection of long-term receivables		89,644	39,199
Other receivables		223,156	54,570
Life insurance premiums		(7,500)	(45,000)
Purchase of investment securities		(10,871,757)	(6, 125, 033)
Proceeds from sale and maturity of investment securities		9,345,820	3,336,661
Investment income from board-designated funds		301,114	288,918
Other investment income		105,911	104,100
Rental activities, net		357,103	339,441
Net cash (used in) investing activities		(533,773)	(2,007,144)
(Decrease) in cash and cash equivalents		(158,514)	(1,157,738)
Cash and Cash Equivalents:			
Beginning		1,456,450	2,614,188
Ending, including cash and cash equivalents in		-,,	_,,
long-term investments and assets whose use is			
limited or restricted 2004 \$281,000; 2003 \$471,097	_\$	1,297,936	\$ 1,456,450

Statements of Cash Flows (Continued) Years Ended June 30, 2004 and 2003

	2004	2003
Reconciliation of Operating (Loss) to Net Cash		_
Provided by Operating Activities:		
Operating (loss)	\$ (1,057,681)	\$ (152,269)
Adjustments to reconcile operating (loss) to net cash		
provided by operating activities:		
Depreciation	2,241,425	2,174,242
Amortization	80,774	49,163
Interest expense	1,000,631	1,071,899
Loss on disposal of property and equipment	29,005	15,751
County tax revenue	(430,542)	(430,241)
Change in assets and liabilities:		
Patient receivables	366,770	107,931
Inventories	(227,321)	(107,634)
Prepaid expense	129,061	62,630
Accounts payable	(149,885)	(108, 187)
Accrued expenses, other than interest	180,242	90,685
Contractual payables	 76,411	328,846
Net cash provided by operating activities	 2,238,890	\$ 3,102,816
Supplemental Information:		
Noncash investing and noncapital financing		
activities, transfer of restricted certificate of deposit and		
related restricted endowment net assets to HCHC Foundation	\$ (66,624)	\$ -
Noncash capital and related financing activities,		
acquisition of property and equipment through trade-in		
allowance	33,280	-

See Notes to Basic Financial Statements.

Notes to Basic Financial Statements

Note 1. Description of Reporting Entity and Significant Accounting Policies

Henry County Soldiers' and Sailors' Memorial Hospital d/b/a Henry County Health Center (Hospital) is a 50 acute care bed and 49 long-term care bed county hospital with related health care ancillary and outpatient services. On May 1, 2004, the Hospital was declared a critical access hospital, operating with 25 acute-care beds and 49 long-term care beds. The Hospital is organized under Chapter 347 of the Code of lowa as amended and, accordingly, receives county tax aid from Henry County, lowa.

<u>Financial reporting entity</u>: Accounting principles generally accepted in the United States of America require the financial reporting entity to include (1) the primary government, (2) organizations for which the primary government is financially accountable, and (3) other organizations for which the nature and significance of their relationship with the primary government are such that exclusion would cause the reporting entity's financial statements to be misleading. The Hospital was organized in 1919 under Chapter 347 of the lowa Code. The Hospital is a municipal corporation governed by a Board of Trustees, which are elected by the public and have the exclusive responsibility and accountability for the decisions it makes. It has the right to sue and to be sued and has the right to buy, sell, lease or mortgage property in its own name. Based upon this criteria, the Henry County Soldiers' and Sailors' Memorial Hospital is considered a primary government and there are no agencies or entities which should be presented with the Hospital.

A summary of the Hospital's significant accounting policies follows:

<u>Basis of accounting</u>: The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenue is recognized when earned and expenses are recorded when the liability is incurred.

In reporting its financial activities, the Hospital applies all applicable Governmental Accounting Standards Board (GASB) pronouncements as well as following Financial Accounting Standards Board Statements and Interpretations, Accounting Principles Board Opinions, and Accounting Research Bulletins of the Committee on Accounting Procedure issued on or before November 30, 1989, unless these pronouncements conflict with or contradict GASB pronouncements.

<u>Cash and cash equivalents</u>: For purposes of reporting cash flows, the Hospital classifies checking and savings accounts and certificates of deposit with an original maturity of three months or less as cash equivalents.

<u>Patient receivables</u>: Patient receivables where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Notes to Basic Financial Statements

Note 1. Description of Reporting Entity and Significant Accounting Policies (Continued)

Patient receivables due directly from the patients are carried at the original charge for the service provided less amounts covered by third-party payors and less an estimated allowance for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts by identifying troubled accounts, by historical experience applied to an aging of accounts and by considering the patient's financial history, credit history, and current economic conditions. The Hospital does not charge interest on patient receivables. Patient receivables are written off as bad debt expense when deemed uncollectible. Recoveries of receivables previously written off are recorded as a reduction of bad debt expense when received.

Receivables or payables related to estimated settlements on various risk contracts that the Hospital participates in are reported as third-party payor receivables or payables.

<u>Property tax receivable</u>: Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. The property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for the next fiscal year. By statue, the Board of Supervisors is required to certify the budget in March of each year for the subsequent fiscal year. However, by statute, the tax asking and budget certification for the following fiscal year becomes effective on the first day of that year. Although the property tax receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied.

Assets whose use is limited or restricted: Assets whose use is limited or restricted include assets set aside by the Board of Trustees over which the Board retains control and may at its discretion subsequently use for other purposes, and assets held by a trustee under indenture agreements.

Inventories: Inventories are stated at the lower of cost (first-in, first-out method) or market.

Investments and investment earnings: Investments in equity securities with readily determinable fair values and all debt securities are reported at fair value as determined by quoted market prices. Investment income or loss, including realized and unrealized gains and losses on investments, interest and dividends, is included in the nonoperating revenue. The calculation of realized gains and losses is independent of a calculation of the net change in the fair value of investments. Realized gains and losses on investments that have been held for more than one fiscal year and sold in the current year were included as a change in the fair value of investments reported in prior years and the current year. The investments in joint ventures and cooperative arrangements with other health care entities are accounted for by the equity method of accounting, under which the net income or loss of the affiliates is recognized as income or expense and distributions are treated as reductions to the investment account. The Hospital has a 25% interest in Southeastern Renal Dialysis, L.C.; a 50% interest in Superior Ambulance, L.C.; a 33% interest in Crossroads Health Partners, L.C.; a 50% interest in Southeastern Health Group, L.C.; and a 49% interest in Henry County Medical Software, L.L.C.

<u>Capital assets</u>: Capital assets are carried at cost including interest capitalized during construction activities. Depreciation of capital assets is computed by the straight-line method over estimated useful lives ranging from 3 to 40 years.

Notes to Basic Financial Statements

Note 1. Description of Reporting Entity and Significant Accounting Policies (Continued)

<u>Deferred financing costs</u>: Deferred financing costs are amortized over the period the obligation is outstanding using the interest method.

<u>Paid time off and short-term disability</u>: The Hospital accrues a liability for paid time off in the year in which it is earned.

Short-term disability does not vest and, therefore, no liability has been accrued. The payment for short-term disability is based on 70% of the regular earnings of the employee and is available for up to eight weeks.

<u>Self-insured employee health benefits</u>: The estimated losses from self-insured claims, including incurred but unreported claims, are accrued as the losses occur.

<u>Income taxes</u>: Under the Code of Iowa, Chapter 347, the Hospital is an instrumentality of the County of Henry, Iowa. As such, the Hospital is exempt from paying income taxes.

<u>Net patient service revenue</u>: Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Net patient service revenue is reported net of provision for bad debts.

Operating income: The Hospital distinguishes operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from the primary purpose of the Hospital, which is to provide medical services to the region. Operating revenue consists of net patient services, cafeteria and special meals, Wellness Center membership, and other miscellaneous services as well as county tax revenue. Operating expenses consist of salaries and benefits, purchased services, supplies, provision for doubtful accounts, depreciation and amortization, and interest. All revenue and expenses not meeting these criteria are considered nonoperating.

Net assets: Net asset classifications are defined as follows:

Invested in capital assets, net of related debt – This component of net assets consists of capital assets, including any restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets. If there are significant unspent related debt proceeds at year-end, the portion of the debt attributable to the unspent proceeds is not included in the calculation of invested in capital assets, net of related debt. Rather, that portion of the debt is included in the same net assets component as the unspent proceeds.

Restricted – This component of net assets consists of constraints placed on net assets through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted net assets – This component of net assets consists of net assets that do not meet the definition of "restricted" or "invested in capital assets, net of related debt," above.

Notes to Basic Financial Statements

Note 1. Description of Reporting Entity and Significant Accounting Policies (Continued)

<u>Charity care</u>: The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The Hospital maintains records to identify and monitor the level of charity care it provides. Based on the equivalent revenue for the services provided, charity care totaled approximately \$169,000 and \$26,000 for the years ended June 30, 2004 and 2003, respectively.

<u>Reclassifications</u>: Certain items on the statements of revenue, expenses, and changes in net assets for the year ended June 30, 2003 have been reclassified to be consistent with classifications adopted as of June 30, 2004. The reclassifications had no effect on the change in net assets.

Note 2. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors through April 30, 2004 is as follows.

<u>Medicare</u> – Effective May 1, 2004, the Hospital was designated as a Critical Access Hospital. This designation provides for inpatient and outpatient services to be reimbursed on a cost basis methodology. The Hospital is reimbursed at a reasonable cost methodology at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits by the third-party Medicare fiscal intermediary.

Prior to May 1, 2004, the Hospital was paid for inpatient acute care services rendered to Medicare program beneficiaries under prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services were paid via cost reimbursement methodologies, fee schedule limitations, or cost/fee blending methodologies before August 1, 2000. After August 1, 2000, cost based and cost/fee blend reimbursed services were paid via the outpatient prospective payment system. Under this system, most outpatient services were paid at predetermined outpatient rates, subject to certain stop-loss provisions referred to by Medicare as the transitional corridor. The transitional corridor limited potential reductions in reimbursement caused by the implementation of the outpatient prospective payment system through 2003. Cost reimbursed outpatient services were paid at a tentative rate, with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. Outpatient services subject to the outpatient prospective payment system were not subject to cost report settlement with several exceptions, and without regard to the transitional corridor.

The Hospital's Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through June 30, 2001.

Notes to Basic Financial Statements

Note 2. Net Patient Service Revenue (Continued)

<u>Medicaid</u> – Inpatient acute care services rendered under the Medicaid program are also paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are reimbursed primarily under a prospective payment category of service. The Hospital's Medicaid cost reports have been finalized by the Medicaid fiscal intermediary through June 30, 2001.

<u>Blue Cross</u> – Inpatient services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates per day of hospitalization.

A summary of net patient service revenue is as follows:

	 2004	2003		
Gross patient service revenue	\$ 31,399,982	\$	29,087,655	
Less discounts, allowances, charity care and estimated contractual adjustments under				
third-party reimbursement programs	10,797,480		9,342,931	
Less provision for bad debts	 1,025,423		610,994	
	\$ 19,577,079	\$	19,133,730	

Note 3. Cash, Investments, and Assets Whose Use is Limited or Restricted

State statutes authorize the Hospital to invest in notes, savings accounts, certificates of deposit, bonds, prime eligible bankers acceptances, commercial paper rated within the two highest classifications of prime, perfected repurchase agreements, or other evidence of indebtedness which are obligations of or guaranteed by the U.S. government or its agencies. The statutes also require all of the Hospital's bank deposit accounts to be protected by insurance, surety bond or collateral, and that securities pledged as collateral be held in safekeeping by the state treasurer or in a financial institution other than that furnishing the collateral.

As of June 30, 2004, the carrying amount of the Hospital's deposits was \$1,563,382 and the bank balance was \$1,516,106. All bank deposit account balances of the Hospital are fully insured or collateralized by securities held by the Hospital's agent in the Hospital's name.

Notes to Basic Financial Statements

Note 3. Cash, Investments, and Assets Whose Use is Limited or Restricted (Continued)

The Hospital's investments are categorized as follows to give an indication of the level of credit assumed by the Hospital (1) insured or registered, or the securities are held by the Hospital or its agent in the Hospital's name, (2) uninsured and unregistered, with the securities held by the counterparty's trust department or agent in the Hospital's name, and (3) uninsured and unregistered with the securities held by the counterparty or its agent but not in the Hospital's name.

	Category						_	Fair	
		1		2		3			Value
U.S. Treasury securities	\$	6,612,262	\$	-	\$		_	\$	6,612,262
U.S. government agencies securities		3,001,872		-			-		3,001,872
	\$	9,614,134	\$	-	\$		-		9,614,134
Investments not subject to risk categorization,								_	
money market mutual funds									364,554
								\$	9,978,688

The Hospital invests in money market funds which are SEC registered external investment pools. The fair value of the position in the external investment pool is the same as the value of the pool shares. During the years ended June 30, 2004 and 2003, the Hospital's cash and investments did not vary in level of risk from those at year-end.

Investments whose use is not limited by the Hospital as of June 30, 2004 and 2003 are as follows:

	 2004	2003		
U. S. government agencies securities	\$ 1,199,051	\$ 1,443,064		

Payments made in connection with the Hospital's debt service are held by the trustee until disbursed to the bondholders or as a bond reserve for the protection of bondholders. The current portion of assets whose use is limited or restricted is based on the classification of liabilities to be liquidated by those assets.

Notes to Basic Financial Statements

Note 3. Cash, Investments, and Assets Whose Use is Limited or Restricted (Continued)

The composition of assets whose use is limited or restricted as of June 30, 2004 and 2003 is as follows:

	 2004	2003
By the Board of Trustees for:		_
Capital improvements:		
Money market funds	\$ 106,043	\$ 203,295
U.S. Treasury securities	5,030,350	3,994,562
U.S. government agencies securities	1,537,815	1,606,095
Total assets whose use is limited	6,674,208	5,803,952
Restricted under bond agreements:		
Reserve account:		
Money market funds	1,196	24,262
Certificates of deposit	630,000	630,000
U.S. Treasury securities	463,741	453,403
U.S. government agencies securities	 265,006	281,013
	1,359,943	1,388,678
Sinking fund account:		
Money market funds	173,761	243,540
U.S. Treasury securities	 1,118,171	649,546
	 1,291,932	893,086
Total restricted under bond agreements	 2,651,875	2,281,764
Total assets whose use is limited or restricted Less assets whose use is limited or restricted that are	9,326,083	8,085,716
required for current liabilities	734,827	768,914
Long-term portion	\$ 8,591,256	\$ 7,316,802

Notes to Basic Financial Statements

Note 4. Composition of Patient Receivables

Patient receivables as of June 30, 2004 and 2003 consist of the following:

		2003		
Patient accounts Less estimated third-party contractual adjustments	\$	5,248,625	\$ 5,855,395	
and unapplied interim payments		1,154,000	1,084,000	
Less allowance for doubtful accounts		525,000	835,000	
	\$	3,569,625	\$ 3,936,395	

The Hospital grants credit without collateral to its patients, most of who are area residents and are insured under third-party payor agreements. The approximate mix of receivables from patients and third-party payors as of June 30, 2004 and 2003 is as follows:

	2004	2003
M. P.	400/	050/
Medicare	40%	25%
Patients	25	34
Other third-party payors	16	22
Blue Cross	14	13
Medicaid	5	6
	100%	100%

Note 5. Related Parties

The Hospital is affiliated with Southeastern Renal Dialysis, L.C. (Southeastern); Superior Ambulance L.C., Crossroads Health Partners, L.C.; Southeastern Health Group, L.C.; and Henry County Medical Software, L.L.C. (Software) limited liability companies.

The Hospital performs certain management and accounting functions for these affiliates which resulted in other operating income totaling \$80,567 and \$68,898 for the years ended June 30, 2004 and 2003, respectively. The Hospital also leases real estate to Southeastern under a month-to-month agreement. Rent income related to this agreement totaled \$32,150 and \$31,500 for the years ended June 30, 2004 and 2003, respectively. These transactions and cash advances to the affiliates resulted in accounts receivable totaling \$97,815 and \$246,740 as of June 30, 2004 and 2003, respectively.

Southeastern performs inpatient hemodialysis services for the Hospital which totaled \$25,000 for each of the years ended June 30, 2004 and 2003 and resulted in accounts payable to the affiliate totaling \$13,000 and \$1,750 as of June 30, 2004 and 2003, respectively.

Notes to Basic Financial Statements

Note 6. Other Long-Term Assets

Other long-term assets held by the Hospital as of June 30, 2004 and 2003 are as follows:

	 2004	2003
Cash surrender value of life insurance Investments in joint ventures and cooperative	\$ 332,500	\$ 325,000
arrangements with other health care entities	800,790	608,410
Physician receivables	165,107	162,789
Notes receivable	253,419	265,799
	1,551,816	1,361,998
Less current portion	90,647	12,547
	\$ 1,461,169	\$ 1,349,451

Note 7. Capital Assets

The composition of the capital assets and the related accumulated depreciation is as follows:

		June 30, 2003	Additions	Transfers and Disposals			June 30, 2004	
Capital assets, not being depreciated:	ø	700 205	Φ		¢		æ	700 205
Land		788,325	\$	-	\$	-	\$	788,325
Capital assets, being depreciated:								
Land improvements		1,487,030		-		3,932		1,483,098
Buildings		22,431,750		77,700		53,579		22,455,871
Fixed equipment		7,499,114		-		127,604		7,371,510
Major movable equipment		9,804,556		627,215		802,553		9,629,218
Total capital assets,								
being depreciated		41,222,450		704,915		987,668		40,939,697
Less accumulated depreciation for:								
Land improvements		1,101,011		78,619		3,932		1,175,698
Buildings		8,043,291		984,034		51,000		8,976,325
Fixed equipment		4,984,905		273,531		127,602		5,130,834
Major movable equipment		6,644,932		1,172,608		736,271		7,081,269
Total accumulated depreciation		20,774,139		2,508,792		918,805		22,364,126
Total capital assets, being depreciated, net		20,448,311		(1,803,877)		68,863		18,575,571
Organization capital assets, net	\$	21,236,636	\$	(1,803,877)	\$	68,863	\$	19,363,896

Notes to Basic Financial Statements

Note 7. Capital Assets (Continued)

	June 30, 2002 Additions		Transfers and Disposals			June 30, 2003	
Capital assets, not being depreciated:							
Land	\$	799,030	\$ -	\$	10,705	\$	788,325
Construction in progress		32,011	-		32,011		-
Total capital assets, not	-						
being depreciated		831,041	-		42,716		788,325
Capital assets, being depreciated:							
Land improvements		1,485,405	1,625		-		1,487,030
Buildings		22,362,644	98,707		29,601		22,431,750
Fixed equipment		7,499,114	-		-		7,499,114
Major movable equipment		9,101,699	708,075		5,218		9,804,556
Total capital assets,							
being depreciated		40,448,862	808,407		34,819		41,222,450
Less accumulated depreciation for:							
Land improvements		1,022,380	78,631		-		1,101,011
Buildings		7,042,556	1,006,835		6,100		8,043,291
Fixed equipment		4,731,966	252,939		-		4,984,905
Major movable equipment		5,538,632	1,106,300		-		6,644,932
Total accumulated depreciation		18,335,534	2,444,705		6,100		20,774,139
Total capital assets, being depreciated, net		22,113,328	(1,636,298)		28,719		20,448,311
Organization capital assets, net	\$	22,944,369	\$ (1,636,298)	\$	71,435	\$	21,236,636

Depreciation expense for the years ended June 30, 2004 and 2003 includes depreciation expense on rental activities of \$267,367 and \$270,463, respectively, which is classified as nonoperating revenue.

Notes to Basic Financial Statements

Note 8. Long-Term Debt

Long-term debt activity as of and for the years ended June 30, 2004 and 2003 is as follows:

		June 30, 2003	Borr	owings	Payments	June 30, 2004	_	ue Within One Year
Series 1990B (A) Series 2000 (B) (D)	\$	1,895,000 8,320,000	\$	-	\$ (300,000) (225,000)	\$ 1,595,000 8,095,000	\$	350,000 135,000
Series 2002 (C) (D)		5,980,000		-	(160,000)	5,820,000		170,000
	<u>\$</u>	16,195,000	\$	-	\$ (685,000)	\$ 15,510,000	\$	655,000
		June 30, 2002	Borr	owings	Payments	June 30, 2003		ue Within One Year
Series 1990B (A) Series 1993 (C)	\$	2,175,000 5.850,000	\$	-	\$ (280,000) (5,850,000)	\$ 1,895,000	\$	300,000
Series 2000 (B) (D)		8,570,000		_	(250,000)	8,320,000		225,000
Series 2002 (C) (D)		<u>-</u> -	6,0	055,000	(75,000)	5,980,000		160,000
	\$	16,595,000	\$ 6,0	055,000	\$ (6,455,000)	\$ 16,195,000	\$	685,000

- (A) The Hospital issued \$4,400,000 of Hospital Revenue Capital Improvement and Refunding Notes, Series 1990. The proceeds of these bonds were used to pay for capital improvements. The Series 1990 notes bear interest at rates ranging from 8.0% to 8.1% payable semi-annually. Annual principal payments are due in amounts ranging from \$300,000 to \$445,000 through June 2008.
- (B) The Hospital issued \$9,000,000 of Hospital Revenue Capital Loan Notes in 2000. The proceeds of these bonds were used to pay a portion of the cost of constructing and equipping an addition to the Hospital facility. The Series 2000 notes bear interest at rates ranging from 5.9% to 8% payable semi-annually. Annual principal payments are due in amounts ranging from \$135,000 to \$1,545,000 through June 2019.
- (C) The Hospital issued \$6,055,000 of Hospital Revenue Capital Loan Refunding Notes, Series 2002. The proceeds of these bonds were used to achieve a current refunding of its Hospital Revenue Notes, Series 1993 and for paying bond issuance costs incurred. The net proceeds of \$6,001,999 (after paying \$169,811 in issuance costs, a premium of \$116,810) and a transfer from prior debt service funds of \$55,000 were used to pay the outstanding \$5,850,000 of the Series 1993 bonds. The Hospital refunded the 1993 Series bonds to achieve interest cost savings on the bonds. The Hospital reduced its total debt service payments over the next 14 years by approximately \$803,000 and obtained an economic gain (difference between the present value of the debt service payments on the old and new debt) of approximately \$550,000. The Series 2002 notes bear interest at rates ranging from 3.0% to 5.25%. Annual principal payments are due in amounts ranging from \$105,000 to \$750,000 through June 2017.
- (D) The Series 2000 and 2002 bonds grant a security interest in all revenue either accrued or received in connection with operations of the Hospital. The terms of the trust indenture require the Hospital to comply with certain covenants. The covenants provide for restrictions as to financial reporting, restrictions on the sale of the health care facilities and require the Hospital to maintain a sinking fund account and to maintain a specified debt service coverage ratio.

Notes to Basic Financial Statements

Note 8. Long-Term Debt (Continued)

Future annual debt service requirements for long-term debt are as follows:

	 Principal	Interest	Total		
Year ending June 30:					
2005	\$ 655,000	\$ 957,920	\$	1,612,920	
2006	695,000	914,696		1,609,696	
2007	745,000	866,708		1,611,708	
2008	800,000	816,163		1,616,163	
2009	855,000	760,918		1,615,918	
2010 to 2014	5,020,000	3,035,237		8,055,237	
2015 to 2019	 6,740,000	1,403,224		8,143,224	
	\$ 15,510,000	\$ 8,754,866	\$	24,264,866	

Note 9. Pension Plan

Henry County Health Center (Hospital) contributes to the Iowa Public Employees Retirement System (IPERS), which is a cost-sharing multiple-employer, defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits, which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Plan members are required to contribute 3.70% of their annual covered salary and the Hospital is required to contribute 5.75% of annual covered payroll. Contribution requirements are established by State statute. The Hospital's contribution to IPERS for the years ended June 30, 2004, 2003, and 2002 were \$504,680, \$482,827, and \$452,736, respectively, equal to the required contributions for each year.

Notes to Basic Financial Statements

Note 10. Professional and General Liability Insurance and Risk Management

The Hospital insures its professional and general liability on a claims-made basis through a commercial insurer. Coverage limits are \$1,000,000 per claim and \$3,000,000 in the aggregate. The premiums for this coverage amount to \$56,802 and \$45,135 for the years ended June 30, 2004 and 2003, respectively.

The Hospital is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions; injuries to employees and natural disasters. These risks, except for employee health benefits, are covered by commercial insurance purchased from independent third parties. Settled claims from these risks have not exceeded commercial insurance coverage in any of the past three years.

Laws and regulations:

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While the Hospital is subject to similar regulatory reviews, management believes the outcome of any such regulatory review will not have a material adverse effect on the Hospital's financial position.

Note 11. Self-Insured Employee Health Benefits

The Hospital is self insured for employee health benefits with employees paying a portion of the claims. The Hospital has purchased a stop-loss policy, which pays any amounts over 120% of projected total claims or claims in excess of \$55,000 per claimant. Liabilities are reported as accrued expenses when it is probable that a loss has occurred.

Changes in the provision for reported and unreported claims under the plan during the years ended June 30, 2004 and 2003 are summarized as follows:

	 2004	2003
Unpaid claims provision, beginning Provision for current year reported and unreported claims	\$ 115,562 1,334,982	\$ 131,091 950,884
Claims paid and related administrative expenses	(1,283,423)	(966,413)
Unpaid claims provision, ending	\$ 167,121	\$ 115,562

Notes to Basic Financial Statements

Note 12. Deferred Compensation Plan

The Hospital offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The plan is available to all Hospital employees and permits them to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency.

The plan complies with IRC Section 457(g), which requires the plan to hold its assets in trust. Under these requirements, the Hospital does not own the amounts deferred by employees and therefore the liability and corresponding investment is not reflected in the financial statements. The plan assets totaled \$1,561,545 and \$1,340,820 as of June 30, 2004 and 2003, respectively.

Note 13. Pending Pronouncements

GASB No. 40, *Deposit and Investment Risk Disclosures*, issued March 2003, will be effective for the Hospital beginning with its year ending June 30, 2005. This Statement establishes and modifies disclosure requirements related to investment risks related to credit risk, concentration of credit risk, interest rate risk, and foreign currency risk. As an element of interest rate risk, this Statement requires certain disclosures of investments that have fair values that are highly sensitive to changes in interest rates. This Statement also establishes and modifies disclosure requirements for deposit risks.

GASB No. 42, Accounting and Financial Reporting for Impairment of Capital Assets and for Insurance Recoveries, will be effective for the Hospital beginning with its year ending June 30, 2005. This Statement requires entities to report the effects of capital asset impairment in their financial statements when it occurs and requires all entities to account for insurance recoveries in the same manner.

GASB No. 43, Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans, will be effective for the Hospital beginning with its year ending June 30, 2007. This Statement establishes uniform financial reporting standards for other postemployment benefit plans and supercedes GASB No. 26, Financial Reporting for Postemployment Healthcare Plans Administered by Defined Benefit Pension Plans.

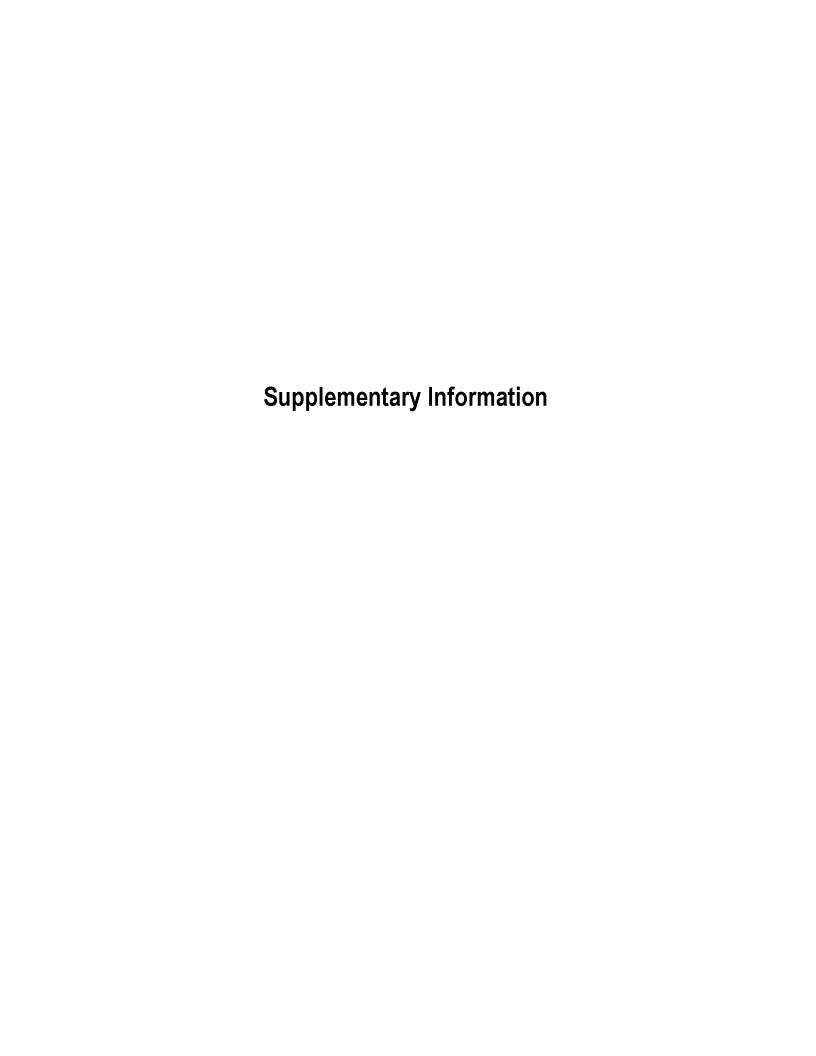
GASB No. 45, Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions, will be effective for the Hospital beginning with its year ending June 30, 2008. This Statement establishes standards for the measurement, recognition, and display of other postemployment benefits expenses and related liabilities or assets, note disclosures and, if applicable, required supplementary information in the financial reports.

The Hospital's management has not yet determined the effect these Statements will have on the Hospital's financial statements.

Note 14. Commitments and Subsequent Events

As of June 30, 2004, the Hospital has entered into a contract to remodel certain patient rooms. The project is estimated to cost approximately \$350,000 and will be completed in one year.

During July 2004, the Hospital signed a contract to purchase new software. The total expected cost to purchase and implement the software is approximately \$900,000. The Hospital anticipates that the new software will be online by November 1, 2004.



Required Supplementary Information, Budgetary Comparison Schedule Year Ended June 30, 2004

In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget on the accrual basis following required public notice and hearings for all funds. The annual budget may be amended during the year utilizing similar statutorily prescribed procedures.

The following is a comparison between reported amounts and the Hospital's budget:

	Accrual Basis		Final Published Budget		Original Published Budget	
Amount to be raised by taxation	\$	430,542	\$	415,581	\$	415,581
Other revenue/receipts		21,039,763		22,027,374		22,027,374
		21,470,305		22,442,955		22,442,955
Expenses/disbursements		(22, 182, 555)		(25,119,399)		(20,535,254)
		(712,250)		(2,676,444)		1,907,701
Balance, beginning of year		20,539,206		20,539,206		10,092,198
Balance, end of year	\$	19,826,956	\$	17,862,762	\$	11,999,899

Comparative Financial Statistics

	Year Ended June 30,					
Income Statistics		2004		2003		
Patient service revenue:						
Nursing services, acute care	\$	3,451,300	\$	3,390,900		
Nursing services, long-term care		1,927,400		1,806,200		
Surgical, anesthesia and recovery services		7,480,600		7,043,800		
Diagnostic imaging services		5,497,700		4,557,600		
Laboratory and blood bank		1,901,200		1,707,300		
Physical, occupational and speech therapy		1,315,800		1,075,000		
Respiratory therapy, cardiac rehabilitation, and electrocardiology		1,725,400		1,456,500		
Pharmacy		4,678,800		5,233,600		
Outreach services		52,300		-		
Public health		55,200		53,300		
Ambulance		911,800		824,000		
Emergency		1,861,600		1,405,600		
Medical and surgical supplies		540,900		533,800		
		31,400,000		29,087,600		
Contractual adjustments, other		(10,797,500)		(9,342,900)		
Provision for doubtful accounts		(1,025,400)		(611,000)		
Net patient service revenue	\$	19,577,100	\$	19,133,700		
Operating expenses:						
Salaries	\$	8,974,900	\$	8,559,900		
Professional fees	*	1,054,300	Ψ	923,500		
Drugs and pharmaceuticals		1,204,500		1,317,700		
Medical and surgical supplies, anesthesia, oxygen,		1,201,000		1,017,700		
and blood replacements		1,218,700		1,080,800		
Utilities and telephone		413,100		358,600		
Other supplies and expenses		2,636,300		2,567,800		
Payroll taxes		1,125,200		1,074,600		
Data processing costs, monthly service charges, and		.,,		.,,		
other expenses		654,000		674,200		
Insurance		122,800		99,900		
Repairs, maintenance and security		264,900		233,400		
Employees health and workers compensation		1,095,500		692,500		
Interest and amortization		1,081,400		1,121,100		
Depreciation and gain on disposal of equipment		2,270,400		2,190,000		
Total operating expenses	\$	22,116,000	\$	20,894,000		

Comparative Financial Statistics

	Year Ended June 30,					
Departmental Operating Expenses		2004		2003		
Administrative	\$	3,380,300	\$	3,051,400		
Food services		691,400		735,600		
Environmental and laundry		583,100		588,200		
Operation of plant and security		933,800		852,500		
Nursing service, general hospital unit		1,845,600		1,632,400		
Nursing service, long-term care unit		1,148,100		1,098,900		
Central sterile supply		86,800		90,900		
Health information services		366,400		353,800		
Pharmacy		1,391,200		1,525,500		
Surgical services		1,460,700		1,265,900		
Anesthesia		860,500		876,500		
Recovery services		131,700		126,200		
Obstetrics		309,300		307,600		
Emergency		940,700		799,500		
Ambulance service		787,200		722,500		
Diagnostic imaging		1,247,600		1,182,600		
Laboratory		775,700		727,500		
Respiratory therapy, cardiac rehabilitation, and electrocardiology		461,100		459,100		
Physical, occupational, and speech therapy		631,600		569,900		
Central services		282,400		279,400		
Outreach services		86,500		_		
Public health		362,500		337,000		
Interest and amortization		1,081,400		1,121,100		
Depreciation and gain on disposal of equipment		2,270,400		2,190,000		
	\$	22,116,000	\$	20,894,000		

Comparative Financial Statistics

Inpatient revenue, general hospital unit \$9,257,900 \$9,149,300 Inpatient revenue, long-term care unit 2,198,200 2,072,800 Outpatient revenue, general hospital unit 19,943,900 17,849,800 Contractual adjustments (10,797,500) (9,342,900) Provision for doubtful accounts (1,025,400) (611,000) (611,000) (601,000)			Year E	nded .	June 30,
Impatient revenue, general hospital unit \$ 9,257,900 \$ 9,149,300 Inpatient revenue, general hospital unit 2,198,200 2,072,800			2004		2003
Inpatient revenue, general hospital unit \$ 9,257,900 \$ 9,149,300 Inpatient revenue, long-term care unit 2,198,200 2,072,800 Outpatient revenue, general hospital unit 19,943,900 17,849,800 Contractual adjustments (10,797,500) (9,342,900) Provision for doubfful accounts (1,025,400) (611,000) Operating income (loss) before tax aid (1,488,200) (582,500) County tax revenue 430,500 430,200 A30,200 Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Falient days (excluding newborn) 5,171 5,415 Falient days (excluding newborn) 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Frivate \$ 565 \$ 5.25 Semiprivate \$ 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 97.9% 98.9% Room rates at year-end: 97.9% 98.9% Room rates at year-end: 97.9%	Income Statistics, General Hospital Unit				
Inpatient revenue, Iong-term care unit	and Long-Term Care Unit				
Inpatient revenue, Iong-term care unit	Inpatient revenue, general hospital unit	\$	9,257,900	\$	9,149,300
Outpatient revenue, general hospital unit 19,943,900 17,849,800 Contractual adjustments (10,797,500) (9,342,900) Provision for doubtful accounts (11,025,400) (611,000) Operating income (loss) before tax aid (1,488,200) (582,500) County tax revenue 430,500 430,200 Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14,5 15,1 Average w of occupancy (excluding newborn) 30,9% 29,7% Average length of stay (days) (excluding newborn) 3,8 4,0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 7 555 525 Semiprivate \$565 \$525 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-T	·	·		·	
Contractual adjustments (10,797,500) (9,342,900) Provision for doubtful accounts (1,025,400) (611,000) Operating income (loss) before tax aid (1,488,200) (582,500) County tax revenue 430,500 430,200 Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average length of stay (days) (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables 65 74 (including long-term care unit) outstanding 65 525 Semiprivate \$565 \$525 Semiprivate \$35 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity	•				
Provision for doubtful accounts (1,025,400) (611,000) Operating income (loss) before tax aid (1,488,200) (582,500) County tax revenue 430,500 430,200 Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average & of occupancy (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 74 74 74 Private \$565 \$525 525 Semiprivate \$355 325 Nursery 335 495 Nursery 335 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517	, , ,				
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County tax revenue 430,500 430,200 Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average w of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 74 75 75 Private \$565 \$525 525 Semiprivate \$35 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average w of occupancy 97.9% 98.					, , ,
Other Statistics, General Hospital Unit (Unaudited) Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average W of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 7 7 Private \$ 565 \$ 525 Semiprivate \$ 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 77.9% 98.9% <td< td=""><td>• •</td><td></td><td>• • • • •</td><td></td><td>•</td></td<>	• •		• • • • •		•
Bed capacity at year-end 25 50 Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 74 74 74 Private \$ 565 \$ 525 525			100,000		.00,200
Patient days (excluding newborn) 5,171 5,415 Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: 74 74 74 Room rates at year-end: \$565 \$525	Other Statistics, General Hospital Unit (Unaudited)				
Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	Bed capacity at year-end		25		50
Newborn days 313 302 Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	Patient days (excluding newborn)		5,171		5,415
Average daily census, including newborn at one-third 14.5 15.1 Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	· · · · · · · · · · · · · · · · · · ·		313		302
Average % of occupancy (excluding newborn) 30.9% 29.7% Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$565 \$525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	Average daily census, including newborn at one-third		14.5		15.1
Average length of stay (days) (excluding newborn) 3.8 4.0 Number of days revenue in net patient receivables (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111			30.9%		29.7%
Number of days revenue in net patient receivables 65 74 (including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	,		3.8		4.0
(including long-term care unit) outstanding 65 74 Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111					
Room rates at year-end: Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Private Private 119 \$111	·		65		74
Private \$ 565 \$ 525 Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity Patient days Patient days Average daily census Average daily census Average daily census Average % of occupancy Private 119 \$111	, , , , , , , , , , , , , , , , , , , ,				
Semiprivate 535 495 Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 97.9% 98.9% Private 119 \$111	·	\$	565	\$	525
Nursery 355 325 Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 119 \$111 Private 119 \$111		•		·	
Coronary care unit 1,010 990 Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 119 \$111	•				
Other Statistics, Long-Term Care Unit (Unaudited) Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 119 \$111	·				
Bed capacity 49 49 Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Tivate 119 \$111	· · · · · · · · · · · · · · · · · · ·		.,		
Patient days 17,517 17,682 Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: Trivate 119 \$111	Other Statistics, Long-Term Care Unit (Unaudited)				
Average daily census 48.0 48.4 Average % of occupancy 97.9% 98.9% Room rates at year-end: 119 \$111	Bed capacity		49		49
Average % of occupancy 97.9% 98.9% Room rates at year-end: Private 119 \$111	Patient days		17,517		17,682
Room rates at year-end: Private 119 \$111	Average daily census		48.0		48.4
Room rates at year-end: Private 119 \$111	Average % of occupancy		97.9%		98.9%
Private 119 \$111	· · ·				
	· ·		119		\$111
	Semiprivate				

 Year Ended June 30,								
2002		2001		2000				
\$ 8,127,700 1,943,100 15,952,400 (8,498,100) (493,000) (1,479,900) 424,500	\$	6,497,600 1,887,400 14,098,500 (6,291,900) (739,700) (1,366,600) 414,400	\$	7,693,400 1,652,800 14,728,800 (6,444,600) (592,700) 429,000 421,900				
50 5,040 317 14.1 27.6% 3.9		50 4,483 304 12.6 24.6% 3.9		50 5,821 357 16.3 31.9% 4.3				
86		98		102				
\$ 450 425 305 990	\$	425 400 290 810	\$	425 400 290 810				
49 17,577 48.2 98.3%		49 17,449 47.8 97.6%		49 17,376 47.6 97.2%				
\$102 - 106 90 - 94		\$102 - 106 90 - 94		\$100 - 104 88 - 92				

Balance Sheet Information

	June 30,							
Patient Receivables		200	04	2003				
		Amount	Percent		Amount		Percent	
Aging of patients accounts:								
0-30 days	\$	2,521,321	48.1%	\$	2,354,151		40.2%	
31-60 days		1,052,238	20.0		592,423		10.1	
61-90 days		410,762	7.8		471,016		8.0	
91-180 days		601,428	11.5		756,285		12.9	
181-365 days		325,731	6.2		723,800		12.4	
One year to two years		232,515	4.4		644,620		11.0	
Over two years		104,630	2.0		313,100		5.4	
,		5,248,625	100.0%		5,855,395		100.0%	
Unapplied third-party payor		-		_				
interim payments		50,000			5,000			
Allowance for third-party payor agreements		(1,204,000)			(1,089,000)			
, ,, ,		4,094,625			4,771,395	-		
Allowance for doubtful accounts*		(525,000)			(835,000)			
	\$	3,569,625		\$	3,936,395	_		
						-		
					Year Ende	ed Ju	ne 30,	
					2004		2003	
* Analysis of allowance for doubtful accounts:								
Balance, beginning of year				\$	835,000	\$	837,844	
Additions to allowance for year					1,133,592		727,697	
Recoveries of accounts previously written off					(108,169)		(116,703)	
					1,860,423		1,448,838	
Accounts written off during year					(1,335,423)		(613,838)	
Balance, end of year				\$	525,000	\$	835,000	
						e 30,	1	
Inventories					2004		2003	
21					9 46 7 47	^	440.044	
Storeroom				\$	216,747	\$	113,211	
Pharmacy					204,567		143,091	
Surgery					154,794		92,485	
				\$	576,108	\$	348,787	

Accrued Expenses
June 30, 2004 and 2003

	2004	2003
Withholding taxes, insurance, and unpaid health claims	\$ 210,736	\$ 151,397
IPERS contributions	19,534	19,708
Payroll	545,563	465,359
Paid time off	620,371	590,718
Professional fees	37,100	29,640
Interest	79,827	83,914
Property taxes	50,311	45,918
Other	1,200	1,833
	\$ 1,564,642	\$ 1,388,487

Restricted Certificate of Deposit, Endowment Funds June 30, 2004 and 2003

	2	004	2003
Principal restricted by donor:			
Income from which is unrestricted:			
Ralph F. Geeseka	\$	- \$	30,189
Floyd Beauchamp		-	1,000
Joseph Vantiger		-	2,368
Catherine Skipton		-	3,351
Pennebaker Estate		-	1,369
Independent Co-op Livestock Association		-	68
Ramey Estate		-	100
Beulah Methodist Church		-	4,000
Shipley Estate		-	500
Dr. W. A. Sternberg		-	145
		-	43,090
Income from which is restricted for maintenance			
of rooms:			
Virginia Chamber		-	1,234
McGlure-Kelly Bequest		-	8,500
Flora Geeseka Bequest		-	13,800
·		-	23,534
	\$	- \$	66,624

Gross Patient Service Revenue Years Ended June 30, 2004 and 2003

	2004	2003
Inpatient services, general hospital unit:		
Nursing services	\$ 2,435,136	\$ 2,431,351
Nursery services	128,716	114,148
Surgical services	1,596,286	1,430,250
Delivery and labor services	361,314	331,699
Recovery services	41,335	33,702
Emergency services	229,772	237,755
Physical, occupational, and speech therapy	229,344	153,792
Medical and surgical supplies	252,245	244,638
Laboratory and blood bank	559,350	578,640
Diagnostic imaging	625,988	631,131
Respiratory therapy, cardiac rehabilitation,		
and electrocardiology	755,371	821,971
Pharmacy	1,570,854	1,621,811
Anesthesia and anesthetist	432,321	476,703
Ambulance service	39,895	41,680
	 9,257,927	9,149,271
Outpatient services, general hospital unit:	 • •	
Nursing services	466,059	460,046
Surgical services	3,527,530	3,345,842
Delivery and labor services	48,290	39,315
Recovery services	151,365	176,399
Emergency services	1,631,849	1,167,811
Physical, occupational, and speech therapy	1,086,434	921,226
Medical and surgical supplies	273,173	274,748
Laboratory and blood bank	1,341,848	1,128,713
Diagnostic imaging	4,871,681	3,926,476
Respiratory therapy, cardiac rehabilitation,	, ,	, ,
and electrocardiology	969,998	634,528
Pharmacy	2,864,507	3,359,534
Anesthesia and anesthetist	1,731,821	1,580,928
Ambulance service	871,864	782,355
Outreach services	52,295	, -
Public health	55,191	53,265
	 19,943,905	17,851,186
Inpatient services, long-term care unit:	 ,,	, .,
Room charges	1,927,359	1,806,190
Medical and surgical supplies	27,351	28,782
Pharmacy	243,440	252,226
,	 2,198,150	2,087,198
	\$ 31,399,982	\$ 29,087,655

Years Ended June 30, 2004 and 2003

Net Patient Service Revenue	2004			2003
Gross patient service revenue	\$	31,399,982	\$	29,087,655
Less:				_
Third-party contractual allowances:				
Medicare program		8,120,582		7,720,683
Medicaid program		913,021		440,617
Blue Cross program		1,207,130		793,328
Charitable care		169,235		25,684
Small balances and administrative write-offs		20,093		20,918
Other		367,419		341,701
		10,797,480		9,342,931
Provision for doubtful accounts		1,025,423		610,994
	\$	19,577,079	\$	19,133,730

Other Operating Revenue		2004	2003		
Public health grants	\$	353,208	\$	354,249	
Rental income		39,239		109,287	
Reference lab		55,825		68,398	
Income from endowment funds for operating					
expenditures		2,998		2,010	
Professional services to others		199,934		172,687	
Management services, physician billings		116,527		171,500	
Miscellaneous, net		282,898		299,576	
	\$	1,050,629	\$	1,177,707	

Operating Expenses Years Ended June 30, 2004 and 2003

	2004					2003				
				Supplies				Supplies		
		Salaries		and Other		Salaries		and Other		
	;	and Wages		Expense		and Wages		Expense		
Nursing services:										
Administrative nursing	\$	270,341	\$	106,752	\$	247,449	\$	67,411		
Medical and surgical		1,147,990		297,140		944,491		345,389		
Critical care unit		11,577		11,848		19,778		7,843		
Long-term care unit		876,700		271,449		835,712		263,226		
Obstetrics		242,274		67,067		240,716		66,916		
Surgical services		386,816		1,073,865		367,251		898,692		
Recovery services		102,464		29,226		101,524		24,646		
Central sterile supply		41,805		44,991		45,354		45,551		
Emergency services		287,358		653,347		287,143		512,328		
		3,367,325		2,555,685		3,089,418		2,232,002		
Other professional services:										
Diagnostic imaging		302,099		945,580		301,693		880,946		
Laboratory and blood bank		272,480		503,293		262,440		465,028		
Pharmacy		269,919		1,121,358		269,506		1,256,031		
Anesthesia		651,607		208,964		663,266		213,263		
Respiratory therapy, cardiac rehabilitation and										
electrocardiology		294,841		166,305		282,940		176,111		
Physical therapy		201,215		430,355		229,839		340,024		
Outreach services		31,283		55,174		-		41,679		
Public health		239,306		123,196		234,752		102,195		
Health information services		212,847		153,590		214,974		138,858		
Central services		84,950		197,430		81,022		198,336		
Ambulance service		557,976		229,285		521,632		200,905		
		3,118,523		4,134,530		3,062,064		4,013,376		
Subtotals forward	\$	6,485,848	\$	6,690,215	\$	6,151,482	\$	6,245,378		

Operating Expenses (Continued) Years Ended June 30, 2004 and 2003

		2	2004		2003			
	•	Salaries and Wages		Supplies and Other Expense	Salaries and Wages		Supplies and Other Expense	
Subtotals forwarded	\$	6,485,848	\$	6,690,215	\$ 6,151,482	\$	6,245,378	
General services and administration:								
Food services		255,817		435,655	252,746		482,893	
Operation of plant		253,152		680,670	248,108		604,378	
Environmental and laundry		299,789		283,327	300,182		287,979	
Finance and administration		1,680,247		1,576,546	1,607,400		1,302,473	
Insurance and bonding		-		122,830	-		99,873	
Loss on sale of equipment		-		29,005	-		15,751	
		2,489,005		3,128,033	2,408,436		2,793,347	
Interest and amortization		-		1,081,405	_		1,121,062	
Depreciation		-		2,241,425	_		2,174,242	
·	\$	8,974,853	\$	13,141,078	\$ 8,559,918	\$	12,334,029	

Nonoperating Revenue and Expenses from Rental Activities Years Ended June 30, 2004 and 2003

	2004	i	2003
Rental revenue:			
Office space	\$ 42	6,841 \$	425,019
Telephone equipment	4	9,131	48,865
Total rental revenue	47:	5,972	473,884
Rental expenses:			
Telephone and utilities	10	5,751	124,854
Building and property taxes	1:	2,102	8,444
Other		1,016	1,145
Depreciation	26	7,367	270,463
Total rental expenses	38	6,236	404,906
	8	9,736	68,978
Financial revenue (expense),			
interest earnings	1	0,006	9,675
Rental activities, net	\$ 99	9,742 \$	78,653

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report on Compliance and on Internal Control Over Financial Reporting Based on an Audit of the Financial Statements Performed in Accordance with Government Auditing Standards

To the Board of Trustees Henry County Health Center d/b/a Henry County Health Center Mt. Pleasant, Iowa

We have audited the financial statements of Henry County Soldiers' and Sailors' Memorial Hospital, d/b/a Henry County Health Center (Hospital), as of and for the year ended June 30, 2004, and have issued our report thereon dated July 26, 2004. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Chapter 11 of the Code of Iowa and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that were required to be reported under *Government Auditing Standards*.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. However, we noted a matter involving the internal control over financial reporting and its operation that we consider to be a reportable condition. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control over financial reporting that, in our judgment, could adversely affect the Hospital's ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. The reportable condition is described in the accompanying schedule of findings and questioned costs as item 04-II-A.

A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be reportable conditions and, accordingly, would not disclose all reportable conditions that are also considered to be material weaknesses. However, we believe that the reportable condition described at 04-II-A is a material weakness.

This report is intended solely for the information and use of Henry County Health Center and the Office of the Auditor of State, State of lowa and is not intended and should not be used by anyone other than those specified parties.

McGladry & Pullen, LCP

Burlington, Iowa July 26, 2004

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

Part I: Summary of Independent Auditor's Results:

- (a) An unqualified opinion was issued on the financial statements.
- (b) A material weakness in internal control over financial reporting was identified.
- (c) The audit did not disclose any noncompliance, which is material to the financial statements.

Part II: Findings Related to the Financial Statement Audit as Required to be Reported in Accordance with Government Auditing Standards:

Reportable Condition:

04-II-A

<u>Finding</u>: A fully developed system of internal accounting control includes a segregation of duties so that no one individual handles a transaction from inception to completion.

<u>Condition</u>: One important aspect of a system of internal control is the segregation of duties among employees to prevent an individual employee from handling duties which are incompatible. A limited number of people perform most of the accounting and data processing control duties. As a result, some of the elements of internal control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Hospital.

Recommendation: We recommend the Hospital look for ways to reassign or realign duties where practical. With the limited number of employees that can be assigned, we believe that it is important for management to have continuing close oversight supervision over the operations of the Hospital.

Response and Corrective Action Plan: We will continue to provide close management oversight of the accounting and data processing operations of the Hospital.

Schedule of Findings and Questioned Costs (Continued) Year Ended June 30, 2004

Part III: Other Findings Related to Required Statutory Reporting:

- 04-III-A Official Depositories A resolution naming official depositories has been adopted by the Board. The maximum deposit amounts stated in the resolution were not exceeded during the year ended June 30, 2004.
- 04-III-B Certified Budget Hospital disbursements during the year ended June 30, 2004 did not exceed amounts budgeted.
- 04-III-C Questionable Expenditures We noted no expenditures within the scope of our audit that do not meet the requirements of public purpose as defined in the Attorney General's opinion dated April 25, 1979.
- 04-III-D Travel Expense No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.
- 04-III-E Business Transactions with Hospital Officials and Employees No business transactions with Hospital officials or employees were noted.
- 04-III-F Board Minutes No transactions were found that we believe should have been approved in the Board minutes but were not.
- 04-III-G Deposits and Investments No instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy during the year ended June 30, 2004.
- 04-III-H Publication of Bills Allowed and Salaries The Hospital published the schedule of bills allowed and salaries by job classification in accordance with Chapter 347.13(15) of the Code of Iowa and a Supreme Court decision dated September 18, 1996.

Summary Schedule of Prior Year Audit Findings Year Ended June 30, 2004

Finding	Status	Corrective Action Plan or Other Explanation
03-II-A	Segregation of duties in the accounting and data processing areas.	Unresolved, similar finding reported at 04-II-A.
03-II-B	The Hospital did not provide public notice on the sale of a parcel of real estate.	Corrective action taken.

Corrective Action Plan Year Ended June 30, 2004

Current Number	Comment	Corrective Action Plan	Anticipated Date of Completion	Contact Person
Reportable o	conditions in internal control:			
04-II-A	Segregation of duties in the accounting and data processing areas.	See response and corrective action planned at 04-II-A.	Ongoing	David Muhs